

State of California
ABC-281
10/99

Department of Alcoholic Beverage Control

License Type: 34 One Day Beer & Wine
License Nontransferable

LICENSE NO. 9550152
Receipt No. 2538899
Fee Paid \$100.00
Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION: HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE
LOCATION ADDRESS: 5970 SANTA MONICA BLVD
LOS ANGELES, CA 90038

TYPE OF EVENT: CONCERT
HR/DATES DURING WHICH
ALCOHOL WILL BE SOLD: November 9, 2018 - November 10, 2018
8PM-11PM

ESTIMATED ATTENDANCE: 195

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU
5970 SANTA MONICA BLVD
LOS ANGELES, CA 90038
[REDACTED]

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 2 day(s). Date Issued November 8, 2018.

Director of Alcoholic Beverage Control

By _____


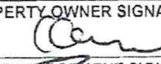
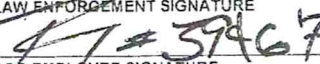
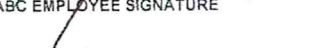
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DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

LICENSE NUMBER 9550152	GEO CODE
RECEIPT NUMBER 2538899	
FEE \$ 100	

1. ORGANIZATION'S NAME Hollywood Forever Inc. - Endowment Care & Memorial Care		CONDITIONS REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DIAGRAM REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. LICENSE TYPE (Check appropriate license type AND organization type)			
a. <input type="checkbox"/> Daily General (\$25.00) (Includes beer, wine and distilled spirits)			
<input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure		<input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership	
<input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose		<input type="checkbox"/> Religious Organization	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)	
		NUMBER OF DISPENSING POINTS	
b. <input type="checkbox"/> Special Daily Beer (\$25.00) <input checked="" type="checkbox"/> Special Daily Beer & Wine (\$50.00) <input type="checkbox"/> Special Daily Wine (\$25.00)			
<input type="checkbox"/> Charitable <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Political <input type="checkbox"/> Other: _____		<input type="checkbox"/> Civic <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Cultural <input type="checkbox"/> Amateur Sports Organization	
		NUMBER OF DISPENSING POINTS 1	
c. <input type="checkbox"/> Special Temporary License (\$100.00) (Different privileges depending on statute)			
<input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P		<input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P	
<input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P		<input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P	
<input type="checkbox"/> Other Special Temporary Licenses, per Section _____			
License number _____		Amount \$ _____	
3. EVENT TYPE			
<input type="checkbox"/> Dinner <input type="checkbox"/> Dance <input type="checkbox"/> Wedding <input type="checkbox"/> Lunch <input type="checkbox"/> Picnic <input type="checkbox"/> Barbeque <input type="checkbox"/> Social Gathering <input type="checkbox"/> Festival			
<input type="checkbox"/> Sports Event <input checked="" type="checkbox"/> Concert <input type="checkbox"/> Birthday <input type="checkbox"/> Mixer <input type="checkbox"/> Carnival <input type="checkbox"/> Dinner Dance <input type="checkbox"/> Other: _____			
4. TOTAL # OF DAYS 2	5. ESTIMATED ATTENDANCE 195 per performance	6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From 8:00pm To 1:00pm	
7. EVENT DATE(S) Friday 11.9.2018 & Saturday 11.10.2018		8. EVENT IS OPEN TO THE PUBLIC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. EVENT LOCATION (Give facility name, if any, street number and name, and city) The Masonic Lodge - 5970 Santa Monica Blvd, Los Angeles, CA 90038			
10. LOCATION IS WITHIN THE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. TYPE OF ENTERTAINMENT Music: MOUNTAIN MAN	12. SECURITY GUARDS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. AUTHORIZED REPRESENTATIVE'S NAME Jay Boileau
15. REPRESENTATIVE'S ADDRESS 6000 Santa Monica Blvd, Los Angeles, CA 90038		14. REPRESENTATIVE'S TELEPHONE NUMBER [REDACTED]	
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)		18. DATE SIGNED 10.29.2018	
17. AUTHORIZED REPRESENTATIVE'S SIGNATURE 		19. DATE SIGNED 10.29.2018	
PROPERTY OWNER APPROVAL BY (Name), REQUIRED Yogu Kanthian		PHONE NUMBER [REDACTED]	PROPERTY OWNER SIGNATURE 
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE 413867 THOMPSON, B		PHONE NUMBER [REDACTED]	LAW ENFORCEMENT SIGNATURE 
DISTRICT OFFICE APPROVAL BY (Name)		ABC EMPLOYEE SIGNATURE 	ISSUANCE DATE 11.05.2018

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